PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

Effective October 1, 2003								10,687756					
CLAIMS AS FILED - P					(Column 2)			SMALL TYPE	ENTITY	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			53				ŀ	RATE	FEE		RATE	FE	E
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.0	00_
TOTAL CHARGEABLE CLAIMS			5 3 minus 20=		• 33			X\$ 9=	:	OR	X\$18=	59	14
INDEPENDENT CLAIMS			€ minus 3 =		*	3		X43=		OR	X86=	25	
ML	JLTIPLE DEPE	NDENT CLAIM P	RÉSENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		142	7
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L		L ENTITY	OR	OTHER SMALL	THAN	١
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION	AL
	Total	. 53	Minus	* 5	3	= OS		X\$ 9=		OR	X\$18=	\bigcap	
	Independent	. 6	Minus	***	0	= 0		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+145=		OR	+290=		
6,1122 48 09								TOTA ADDIT. FEI		┧ _╌ ╵	TOTAL ADDIT, FEE	-0	ᅱ
(Column 1) (Column 2) (Column 3)									= 	-	ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	AL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	<u> </u>	<u> -</u>		X43=		OR	X86=		٦
	PIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDEN	CLAIM		ا ا	+145=		OR	+290=		٦
							L	TOTAL			TOTAL ADDIT. FEE		コ
		(Column 1)		(Colum		(Column 3)	, _						
AMENDMENT C	,	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	AL.
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		OR	X86=		ᅥ
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												十
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE													4
	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For' IN THIS	S SPACE is	less that	n 3, enter "3."							